

Attachment I

EMPLOYEES SIGNED THE PETITION

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
PETITION

DO NOT WRITE IN THIS SPACE

Case No. 02-RD-140471 Date Filed 11/7/2014

INSTRUCTIONS: Submit an original and 4 copies of this Petition to the NLRB Regional Office in the Region in which the employer concerned is located. If more space is required for any one item, attach additional sheets, numbering them accordingly.

The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

1. PURPOSE OF THIS PETITION (If box RC, RM, or RD is checked and a charge under Section 8(b)(7) of the Act has been filed involving the Employer named herein, the statement following the description of the type of petition shall not be deemed made.) (Check One)
- ☐ RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees.
- ☐ RM-REPRESENTATION (EMPLOYER PETITION) - One or more individuals or labor organizations have presented a claim to Petitioner to be recognized as the representative of employees of Petitioner.
- ☒ RD-DECERTIFICATION (REMOVAL OF REPRESENTATIVE) - A substantial number of employees assert that the certified or currently recognized bargaining representative is no longer their representative.
- ☐ UD-WITHDRAWAL OF UNION SHOP AUTHORITY (REMOVAL OF OBLIGATION TO PAY DUES) - Thirty percent (30%) or more of employees in a bargaining unit covered by an agreement between their employer and a labor organization desire that such authority be rescinded.
- ☐ UC-UNIT CLARIFICATION - A labor organization is currently recognized by Employer, but Petitioner seeks clarification of placement of certain employees. (Check one) ☐ In unit not previously certified. ☐ In unit previously certified in Case No. _____
- ☐ AC-AMENDMENT OF CERTIFICATION - Petitioner seeks amendment of certification issued in Case No. _____
Attach statement describing the specific amendment sought.

2. Name of Employer Chinese Community Concerns Corp., Chinatown Head Start
Employer Representative to contact Sook Ling Lai
Telephone Number (212) 226-5000

3. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code)
180 Mott Street, New York, NY 10012
Teletypewriter Number (Fax) (212) 274-8570

4a. Type of Establishment (Factory, mine, wholesaler, etc.) Social Services Agency
4b. Identify principal product or service Early Childhood Education

5. Unit involved (In UC petition, describe present bargaining unit and attach description of proposed clarification.)
Included All permanent full-time Teachers, Assistant Teachers, Family Services Coordinators, Social Workers, Family Assistants, Family Workers, Health Aides, Bookkeepers, Secretary-Bookkeepers, Secretaries, Record Clerks, Cooks, Custodians, Helpers, Bus Matron, Bus Driver/Custodian, Assistant Custodian, Nutrition Service staff, Health Service staff, Family Service Coordinator and P/T employees work 15 hours or more per week.
Excluded All permanent full-time Directors, Deputy Directors, Assistant Directors, Educational Directors, Substitute Teachers, Executives, Guards and P/T employees work less than 15 hours per week.

6a. Number of Employees in Unit:
Present 19
Proposed (By UC/AC)
6b. Is this petition supported by 30% or more of the employees in the unit? ☒ Yes ☐ No
*Not applicable in RM, UC, and AC

(If you have checked box RC in 1 above, check and complete EITHER item 7a or 7b, whichever is applicable)

7a. ☐ Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition on or about (Date) _____. (If no reply received, so state).

7b. ☐ Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8. Name of Recognized or Certified Bargaining Agent (If none, so state.) D.C. 1707, Local 95, AFSCME, AFL-CIO
Address, Telephone No. and Teletypewriter No. (Fax)
420 West 45th Street, New York, N.Y. 10036
Tel. (212) 219-0022 Fax (212) 925-0806
Date of Recognition or Certification _____

9. Expiration Date of Current Contract, if any (Month, Day, Year) January 31, 2015
10. If you have checked box UD in 1 above, show here the date of execution of agreement granting union shop (Month, Day and Year)

11a. Is there now a strike or picketing at the Employer's establishment(s) involved? Yes _____ No ☒ X
11b. If so, approximately how many employees are participating?

11c. The Employer has been picketed by or on behalf of (Insert Name) _____, a labor organization, of (Insert Address) _____ Since (Month, Day, Year) _____

12. Organizations or individuals other than Petitioner (and other than those named in items 8 and 11c), which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in unit described in item 5 above. (If none, so state)

Name	Affiliation	Address	Date of Claim	Teletypewriter No. (Fax)

13. Full name of party filing petition (If labor organization, give full name, including local name and number)
Betty Truong, an individual

14a. Address (street and number, city, state, and ZIP code)
1760 80th Street, Brooklyn, NY 11220
14b. Telephone No. 417-499-4653
14c. Teletypewriter No. (Fax)

15. Full name of national or international labor organization of which it is an affiliate or constituent unit (to be filled in when charge is filed by a labor organization)

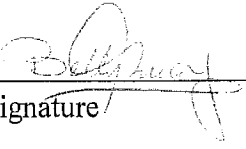

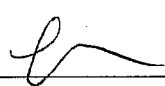
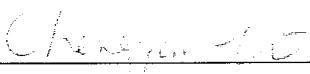
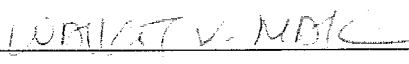

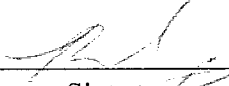
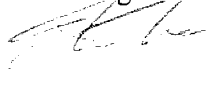
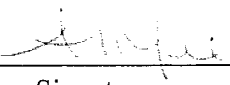
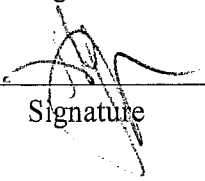
I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print) Betty Truong
Signature *Betty Truong*
Title (if any)
Address (street and number, city, state, and ZIP code)
1760 80th Street, Brooklyn, NY 11220
Telephone No. (212) 226-5000
Teletypewriter No.

To: National Labor Relation Board

From: Employees of Chinese Community Concerns Corporation, Chinatown Head Start


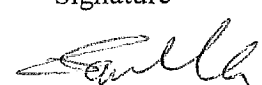
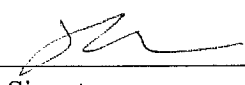
We, the undersigned employees of Chinese Community Concerns Corporation, Chinatown Head Start, located at 180 Mott Street, New York, NY 10012, DO NOT want the Community and Social Agency Employees Union, DC 1707-Local 95, A.F.S.C.M.E. - A.F.L.-C.I.O., to represent us for Chinese Community Concerns Corporation, Chinatown Head Start, commencing February 1, 2015.

Betty Bei Ngoc Truong		10/20/2014
Name	Signature	Date
Miao Chen		10/21/14
Name	Signature	Date
Lisa Lin		10/21/14
Name	Signature	Date
Chengyan Lin		10/21/14
Name	Signature	Date
WAI TI MAK		10/21/14
Name	Signature	Date
Bin Kin Lee		10/21/14
Name	Signature	Date
PYU LI		10/21/14
Name	Signature	Date
Sze Lin Tam		10/21/14
Name	Signature	Date
SENCHING		10/21/14
Name	Signature	Date
Ying Jeng Ng		10/21/14
Name	Signature	Date

To: National Labor Relation Board

From: Employees of Chinatown Head Start

We, the undersigned employees of Chinese Community Concerns Corporation, Chinatown Head Start, located at 180 Mott Street, New York, NY 10012, DO NOT want the Community and Social Agency Employees Union, DC 1707-Local 95, A.F.S.C.M.E. - A.F.L.-C.I.O., to represent us for the above organization, Chinese Community Concerns Corporation, Chinatown Head Start, commencing February 1, 2015.

Jessie Huang		10/21/14
Name	Signature	Date
Pui Chi Lee Chan	Pui Chi Lee Chan	10/27/14
Name	Signature	Date
LANG PING CHEN	Lang Ping Chen	10/27/14
Name	Signature	Date
Priscilla Loke		10/27/14
Name	Signature	Date
Hil Wen Mai	Hil Wen Mai	10/27/14
Name	Signature	Date
TAN RU MA	TAN RU MA	10/30/14
Name	Signature	Date
Herman Lau		10/31/14
Name	Signature	Date
Name	Signature	Date